TENNESSEE DEPARTMENT OF HEALTH PURCHASE REQUEST							REQUEST NUMBER:		
DATE	ALLOT. NO.	COST CENTER		OBJ. CODE	CONTRACT NO.	В	20919		
SHIP TO: DIVISION: ADDRESS:		ON OR BEFORE:				BILL TO: SEND 3 COPIES OF INVOICE Property and Procurement 12th Floor — Andrew Johnson Tower TN Dept. of Health Nashville, TN 37247-0315 (615) 741-3843			
ATTENTION: PHONE # VENDOR NAME: ADDRESS:		VENDOR I.D. NO.:				F.O.B. DESTINATION PREPAY AND ADD FRT. CASH DISCOUNT AGENCY CODE: DELIVERY SUBCODE: TOPS NO.:			
					-				
LINE ITEM NO.	ITEM NUMBER	QTY.	UNIT	DESCRIPTION	тсс	BRAND OR CATALOG NO.	UNIT PRICE	AMOUNT	
						T	OTAL →		
	20919	ADDITIONAL ACCOUNTING INFORMATION; 343:				BURE	UNIT AUTHORIZATION: BUREAU AUTHORIZATION: OTHER AUTHORIZATION:		